Division of TennCare

STATE OF TENNESSEE

2018 PCMH Program Enhancements

11/14/2017

Agenda

- 2018 Statistics for Wave 1 and Wave 2 Organizations
- Outcome Payment Formula for Low Volume PCMHs for 2018
- Efficiency Metrics for Low Volume PCMHs for 2018
- Outcome Payment Formula for High Volume PCMHs for 2018
- Quality Metric Reweighting Guidelines for 2018
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- Admissions, Discharges, and Transfers (ADT) Update
- Navigant Update
- Medication Therapy Management (MTM) Pilot Program

2018 Statistics for PCMH Wave 1 & Wave 2 Organizations

- ~41 PCMH organizations are anticipated to begin participation in the program in January 2018.
- MCOs are expected to have all contracting completed by the end of December 2017. Full list of organizations will be released after all contracting has been completed.
- The table below shows current stats for PCMH wave 1& 2 organizations

	Wave 1	Wave 2	Total
Number of PCMHs	29	41	70
Total number of members	259,712	233, 708	493, 420
West region	8	10	18
Middle region	10	21	31
East region	11	10	21

Outcome Payment Formula for Low Volume PCMHs for 2018

Current Outcome Payment Formula

Average Cost of Care (PMPM)		Efficiency Improvement Percentage		Maximum Share of Savings		Outcome Savings Percentage		Member Months	=	Outcome Payment
Average		0% to 20%		25%		0% to 100%		# Attributed		Calculated

After extensive discussions and a review of analyses from all 3 MCOs, the State is moving forward with using the new outcome payment formula below for low volume PCMHs starting January 1, 2018.

New Outcome Payment Formula

Average Cost of Care (PMPM)		Efficiency Improvement Percentage + Efficiency Stars		Maximum Share of Savings		Quality Stars		Member Months	=	Outcome Payment
Average		50%		25%		50%		# Attributed		Calculated

Efficiency Improvement Percentage: 20% (capped)
+
Efficiency Stars: 30% (15% x 2 measures)

Efficiency Metrics for 2018

- Low volume PCMH and Health Link organizations will move from 5 efficiency metrics to 2 efficiency metrics in 2018.
- This will simplify the model and allow providers to focus more intentionally on fewer efficiency measures.
- The remaining efficiency measures will be included as reporting only.
- High Volume PCMHs will continue to have efficiency measured based on savings to Total Cost of Care (TCOC).

Current Low Volume PCMH & Health Link Efficiency Measures

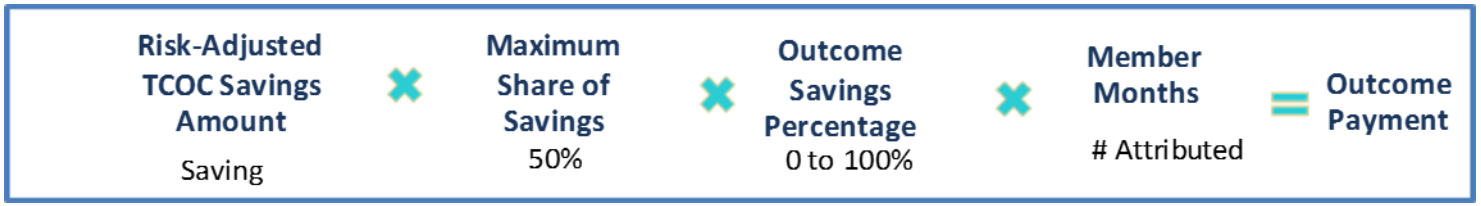
1. Ambulatory care - ED visits per 1,000 member months
2. Inpatient discharges per 1,000 member months – Total inpatient
3. All-cause hospital readmissions rate (PCR)
4. Mental health utilization per 1,000 member months - Inpatient
5. Avoidable ED visits per 1,000 member months

2018 Efficiency Measures

Outcome Payment Formula for High Volume PCMHs for 2018

- The outcome payment formula will remain the same for High Volume PCMHs (those with >5,000 members in a single MCO)

Outcome Payment Formula



Separate Efficiency Metric Thresholds for Low Volume PCMHs based on Organization Type in 2018

- The MCOs have set efficiency metric thresholds with guidance from the State
- Efficiency metric thresholds were calculated to include both adult and pediatric members for the 2017 performance year
- To more appropriately set thresholds based on the type of members in a population, the State has revised guidelines* such that thresholds are set separately for adult/family and pediatric organizations in 2018.
- Each MCO can share with you your organization's efficiency thresholds for 2018.

** These guidelines will be posted on the website by the end of November*

Quality Metric Reweighting

- HEDIS requires that quality measures must have at least 30 observations in the denominator in order to be measured.
- Beginning in calendar year 2018, if an organization does not have 30 observations for a quality metric's denominator, the value of that measure may be redistributed.
- Goals of reweighting:
  - Reward high performance on measures for which organizations have a sufficient denominator
  - Give lower volume providers the same opportunity to earn a percentage of the outcome payment that is based on their high quality performance

Quality Metric Reweighting Guidelines for 2018

- Organizations still earn quality stars by meeting or exceeding the threshold for a metric (and all of its sub-metrics, if applicable).
- The potential value of each ineligible star will be redistributed so that the total value of quality performance could still reach up to 50%. For example, if a family organization meets the denominator for all 10 measures, each star is worth 5%. If that organization meets the denominator for 9 of 10 measures, each star is worth 5.56%.

Guidelines:

- Organizations must **still meet quality gate** to qualify for an outcome payment
  - Pediatric or Adult-only= 2 star minimum
  - Family Practice= 4 star minimum
- The maximum number of measures for which star values may be re-distributed are as follows:
  - PCMH pediatric or adult-only organization= 2 stars
  - PCMH family practice= 4 stars
- The value of composite measures will only be re-distributed when the minimum denominator is not met for ALL of its sub-metrics.

Quality Metric Reweighting Guidelines for 2018

Guidelines for Sub-Metrics:

- Organizations will be measured on their performance (and therefore eligible for a star) for any metric for which they have a sufficient denominator in at least one sub-metric.
- Organizations must still pass the threshold for every eligible sub-metric in order to earn a star.

Quality Metric Reweighting Guidelines for 2018

Example 1

Quality Measure- EPSDT Screening Rate (composite for older kids)	Panel eligible for measure?	Performance	Benchmark
Well-child visits ages 7-11 years	Yes	65.0%	≥55.0%
Adolescent well care visits age 12-21	**No**	N/A	≥45.0%

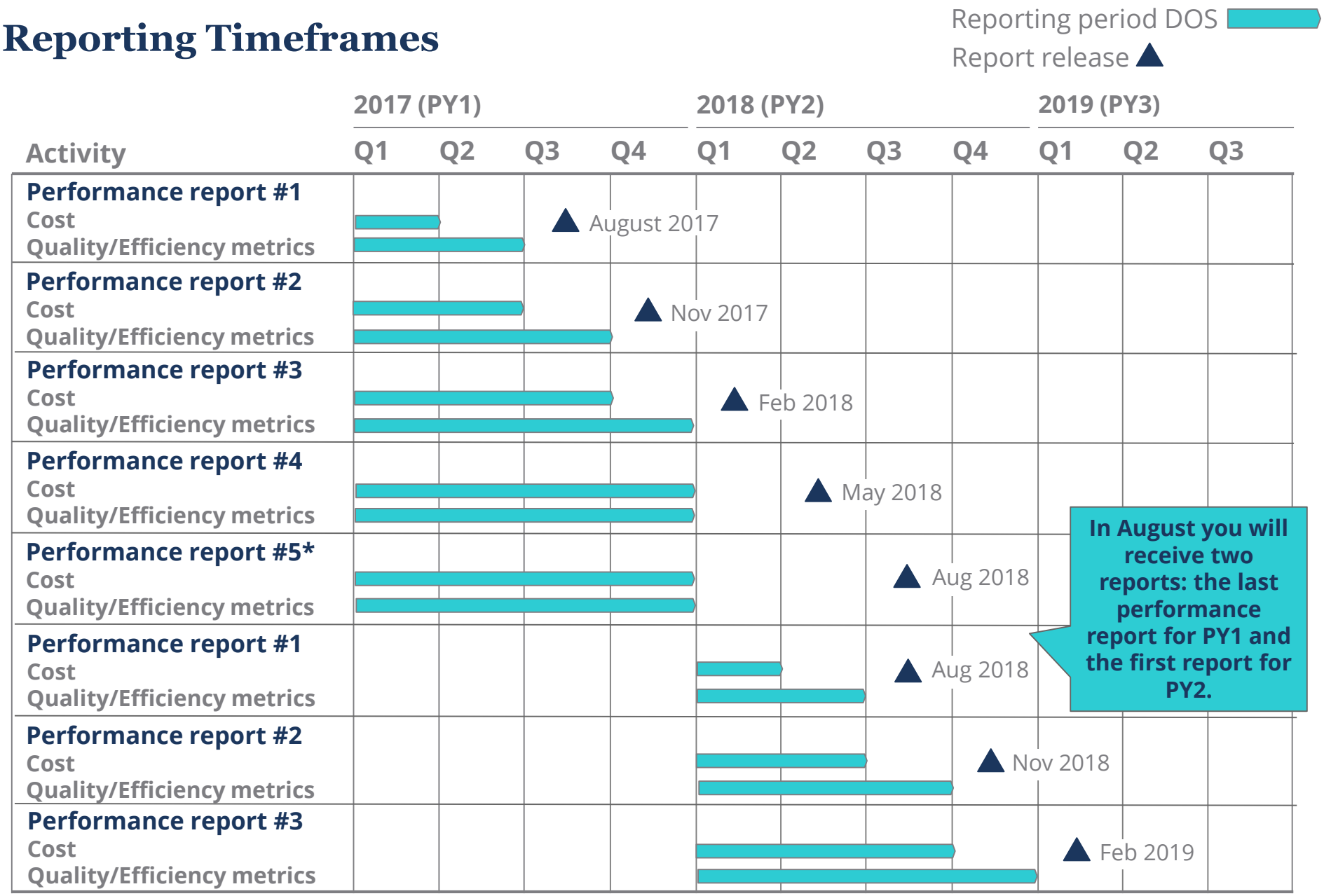
A star would be earned under the guidelines based on performance on this sub-metric alone.

Example 2

Quality Measure- EPSDT Screening Rate (composite for older kids)	Panel eligible for measure?	Performance	Benchmark
Well-child visits ages 7-11 years	Yes	45.0%	≥55.0%
Adolescent well care visits age 12-21	**No**	N/A	≥45.0%

A star would not be earned under the guidelines based on performance on this sub-metric alone.

Reporting Timeframes



*Performance report #5 will be the basis for each organization's 2017 outcome payment.

Remediation Triggers for a PCMH

The remediation process is initiated when a PCMH organization fails to meet deadlines and/or performance targets on required program activities. A PCMH may trigger probation, remediation and/or removal under any of the following circumstances:

1. Not meeting program requirements (e.g. NCQA recognition requirements)
2. Poor performance defined as:
    - PCMH earning 2 or fewer quality stars at the end of a performance period (after 12 months); **or**
    - PCMH earning 1 or fewer efficiency stars at the end of a performance period (after 12 months)
        - PCMH would be put on probation and remain in probation until the end of the next performance period when their performance would be reevaluated
        - If their performance does not improve, then they would be moved into remediation
3. Failure to respond and meet with MCO and/or TennCare

Phases of Remediation Process for PCMH

The remediation process includes three phases outlined below. More details will be available in the Provider Operating Manual.

Probation

- If a PCMH is not meeting performance and program requirements, MCOs and TennCare will notify a provider that they are under review and will stay in clear communication for 6 months.
- If improvements still do not occur, a final probation letter is issued, and the PCMH organization will be required to work with the MCO(s) and those providing coaching to write a corrective action plan (CAP).
- If performance has still not improved, then the MCO(s) will notify TennCare and the PCMH organization will be moved into the remediation phase.

Remediation

- MCO(s) will review the CAP and work with coaches a second time to determine if a PCMH organization is making improvements.
- Activity payments may stop if CAP is not followed or performance and/or program requirement issues are not met.
- MCO(s) may move a PCMH organization from remediation to probation under a revised CAP at their discretion.

Removal from PCMH

- If a PCMH has not fulfilled their CAP, MCOs will terminate all of a PCMH organization's provider payment streams.
- TennCare and MCO(s) reserve the right to remove a PCMH organization from the program in extreme circumstances.

CCT Update

- Data Accuracy
  - Accuracy of member attribution lists has improved immensely over recent months.
  - As of October 31, 2017, attribution error rates are calculated at less than 1% across all MCOs.
- Recent Enhancements
  - SSNs displaying in the My Members and Quality Measures tabs (September)
  - Search for members by age, race, gender, and county (September)
- Training Materials
  - CCT training materials are updated on an ongoing basis to reflect changes within the tool.
  - Demonstration videos are also being developed regularly. Newest videos include:
    - Finding Dual Program Members' Information
    - Finding Claims Based Medication Information
  - Training materials can be found on the State's website: https://www.tn.gov/tenncare/article/care-coordination-tool.
  - CDPS webinar recording and presentation are also on available on the CCT website.

Admissions, Discharges, and Transfers (ADT) Update

- ADT feeds show you real time information about when your attributed members have been in the hospital or ED.
- The State has been working closely with the Tennessee Hospital Association (THA) to increase the number of hospitals sending ADT feeds into the Care Coordination Tool.
- Our goal is to have 100% of THA hospitals reporting into the CCT by the end of 2017.

Source	Health Systems	Health Systems LIVE	Total Hospitals	Total Hospitals LIVE	Total Beds	Total Beds LIVE	% of Hospitals Complete	% of Beds Complete
THA	21	11	137	83	20,447	14,194	61%	69%
CHS	1	0	18	0	2,668	0	0	0
eTHIN	1	0	10	0	2,059	0	0	0
Other	2	0	14	0	1,514	0	0	0
Statewide Totals	**25**	**11**	**179**	**83**	**26,688**	**14,194**	**46%**	**53%**

Navigant Update

- Navigant coaches continue to be available for on site coaching at each of your sites. Please reach out to your coach or Rick at rwalker@ccwnc.org to schedule sessions.
- Dates for 2018 Conferences:
  - February 27th, 28th & March 1st (West, Middle, East)
  - June 19th, 20th & 21st (West, Middle, East)
  - October 23rd, 24th & 25th (West, Middle, East)
- PCMH wave 2 organizations will be in attendance at February conferences so you will be able to meet them in person.

Medication Therapy Management (MTM) Pilot Program

- The MTM pilot program will launch in **January 2018**
- It is a **voluntary** program that reimburses pharmacists for providing MTM to eligible members in the PCMH and Health Link programs
  - Pharmacists will be working directly with members to identify, prevent, and resolve medication related problems and collaborate with other healthcare professionals to resolve any identified problems.
- Members who have multiple chronic illnesses and medications with a risk stratification of **Medium-High**, **High**, or **Critical** or members who have pediatric asthma or pediatric diabetes are eligible for MTM
- Pharmacists must have a Medicaid ID, collaborative practice agreement, network agreement and credentialing, as well as, Care Coordination Tool registration, training and access
- For a list of pharmacists interested in participating in MTM contact the Tennessee Pharmacist Association (TPA)
  - Executive Director, Micah Cost, PharmD, MS: micah@tnpharm.org
- MTM website: http://www.tn.gov/tenncare/article/medication-therapy-management-pilot-program
- Questions? Email TennCare.MTMpilot@tn.gov

THANK YOU

Questions?